

**ARB AUTHORIZATION**

ND DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 125 (Rev. 12/2005)

Fax Completed Form to:
866-254-0761 or 334-321-2199
For questions regarding this
prior authorization, call
866-773-0695 or 334-321-0268

North Dakota Medicaid requires that patients receiving an ARB must use and fail one ACE inhibitor

- Angiotensin II receptor antagonists
- Atacand, Atacand/HCT, Avapro, Avalide, Benicar, Benicar/HCT, Cozaar, Diovan, Diovan/HCT
- Hyzaar, Micardis, Micardis/HCT, Teveten, Teventen/HCT

Part I: TO BE COMPLETED BY PHYSICIAN

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Physician Name			
			Zip Code

Requested Drug		Diagnosis for the request

Qualifications for coverage:

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Physician Signature		
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Part II: TO BE COMPLETED BY PHARMACY

Part III: FOR STATE USE ONLY

Date Received	CSP MD CSP Pharmacy	Daily Units Bypass Units	Req App	CLM Limit
Approved - Effective dates of PA From: / / To: / /			Approved By	
Denied (Reasons)				